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ATTENTION: Examiner Alstrum-Acevedo
FIRM/CO. NAME: U.S. Patent and Trademark Office
FAX NO: 571-273-8300
ART/UNIT NO: 1616
FROM: Ashok K. Janah
DATE: February 7, 2006
APPLICATION NO: 10/644,265
OUR REFERENCE NO: 0056.11

TOTAL NUMBER OF PAGES 28 (INCLUDING COVER PAGE)

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BUSINESS PHONE: (415) 538-1555 FACSIMILE NO.: (415) 538-8380

MESSAGE:

Examiner Alstrum-Acevedo:

Attached please find a response to the outstanding office action dated October 7, 2005.

**Kind regards,
Christy Hennigan**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1616
Application No: 10/644,265	Examiner: J.H., Alstrum Acevedo
Confirmation No: 7484	Attorney Docket No: 0056.11
Filed: August 19, 2003	
Title: STABILIZED PREPARATIONS FOR USE IN METERED DOSE INHALERS	Tuesday, February 07, 2006 San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed	Extension (Months)	Extension Fee	
<input checked="" type="checkbox"/> Amendment		Large Entity	Small Entity
<input type="checkbox"/> Associate Power of Attorney Statement	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
<input type="checkbox"/> Notice of Appeal (form PTO/SB31)	<input type="checkbox"/> Two Months	\$450.00	\$225.00
<input type="checkbox"/> 0 Drawings	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 120.00		
<input type="checkbox"/> PTO-SB08 Form	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
<input type="checkbox"/> Citations			
<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Postcard for Return (1)			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	108	150	0	\$50.00	\$25.00	\$0.00
Independent Claims	6	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$300.00	\$150.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

*No new claims in the present amendment, but claims were miscounted in the last amendment transmittal

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fees for Extra Claims	\$0.00	and/or	
Total	\$120.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$120.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Michael Einschlag Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070.	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300 on the date shown below.		Respectfully Submitted,	
By: <u>Ashok K. Janah</u> Date: February 7, 2006 Ashok Janah		By: <u>Ashok K. Janah</u> Date: February 7, 2006 Ashok K. Janah Registration No. 37,487	